FORM D

1442803 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED

FORM D

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Section ANTE LE HING

SEC USE ONLY Prefix Serial

OMB APPROVAL OMB Number: 3235-0076

| | | | | | DATE RECEIVED |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|---------------------|-------------------|------------------------------------------------|
| | k if this is an amendment and name has changed, ar | id indicate | change.) | NA/ | |
| Shares in Western Asset | Global Alpha Opportunities Master Fund, Ltd. | | | Weshington | <u>.c. </u> |
| | s) that apply): Rule 504 Rule 505 Rule | 506 🔲 Se | ction 4(6) 🔲 ULC | ie 10p | |
| Type of Filing: New Fi | ling 🛛 Amendment | | | | |
| | A. BASIC ID | ENTIFIC: | ATION DATA | | |
| 1. Enter the information re | | | | | |
| Name of Issuer (check | if this is an amendment and name has changed, and | indicate ch | ange.) | | |
| Western Asset Global Alj | pha Opportunities Master Fund, Ltd. | | | | |
| | ces (Number and Street, City, State, Zip Code) | | • | one Number (inch | |
| c/o Walkers SPV Limited | | | 1-345-9 | 45-3727 | |
| | Fown, Grand Cayman KY1-9002, Cayman Islanc | | | | 09035929 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (inclu | | | | | 030000 |
| (if different from Executive | e Offices) | | | | |
| Brief Description of Busin | | | | | |
| Private Investment Fund | · | | | | |
| Type of Business Organiza | | | | | |
| corporation | ☐limited partnership, already formed | _ | | | |
| _ | | 🖾 other (p | lease specify): Cay | man Islands exemp | ted company |
| ☐ business trust | ☐ limited partnership, to be formed | | | | |
| Actual or Estimated Date of | of Incorporation or Organization: Month 0 6 | Year 0 8 | | ☐ Estimated | |
| Jurisdiction of Incorporation | on or Organization: (Enter two-letter U.S. Postal Ser | rvice abbre | viation for State: | - | |
| | CN for Canada; FN for | r other fore | ign jurisdiction) | EN | |
| GENERAL INSTRUCTI | ONS | | | | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. ☐ Executive Officer □ Director ☐ General and/or Managing Partner ☐ Beneficial Owner Check Box(es) that Apply: □ Promoter Full Name (Last name first, if individual) Western Asset Management Company Business or Residence Address (Number and Street, City, State, Zip Code) 385 East Colorado Blvd., Pasadena, CA 91101 ☐ Executive Officer □ Director ☐ General and/or Managing Partner Promoter Beneficial Owner Check Box(es) that Apply: Full Name (Last name first, if individual) Hayes, James G. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Walkers SPV Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Hirschmann, James W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Walkers SPV Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands ☐ Beneficial Owner □ Director General and/or Managing Partner ☐ Executive Officer Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Zelouf, Michael B. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Walkers SPV Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands ☐ Executive Officer ☐ Director General and/or Managing Partner Beneficial Owner Check Box(es) that Apply: □ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ General and/or Managing Partner Promoter ☐ Beneficial Owner Director Check Box(es) that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Managing Partner ☐ Executive Officer ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | B. INFO | RMATIO | N ABOU | T OFFER | ING | | | | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----|---------|
| 1. Has th | ne issuer sol | d, or does t | he issuer in | tend to sell, | to non-acc | redited inve | estors in thi | s offering?. | | ••••• | *************************************** | | Yes | No ⊠ |
| | | | | A | nswer also | in Append | lix, Column | 2, if filing | under ULO | E. | | | | |
| 2. What is the minimum investment that will be accepted from any individual? Subject to the discretion of the Fund | | | | | | | | \$ 1,000,0 | \$ 1,000,000 | | | | | |
| Does the offering permit joint ownership of a single unit? | | | | | | | Yes | No | | | | | | |
| remur | the informa teration for to or agent of to persons to | solicitation La broker o | of purchase r dealer reg | ers in conne | ction with a | sales of second/or with a | urities in that state or sta | e offering. ates, list the | If a person name of the | to be listed e broker or | is an assoc dealer. If r | iated nore than | | |
| Full Name (I N/A | ast name fi | rst, if indivi | idual) | | | , | | | | | | | | |
| Business or I | Residence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | • | | | | |
| Name of Ass | ociated Bro | ker or Deal | er | | | | | | <u>.</u> | | | | | |
| States in Wh | ich Person I | isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | | | _ | |
| (Check | "All States" | or check i | ndividual S | tates) | , | | | | | 🗆 | All States | | | |
| [AL] {IL} [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [!D] [MO] [PA] [PR] | | |
| Full Name (I | | | | () | [01] | | | (****) | | | <u>, - j</u> | | | |
| Business or I | Residence A | ddress (Nu | mber and S | treet, City, | State, Zip C | ode) | | | | | | | | |
| Name of Ass | ociated Bro | ker or Deal | er | | | | | | | | | | | • |
| States in Wh | ich Person I | isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | | | | |
| (Check "All | States" or cl | heck individ | iual States) | | | | | | | | All States | | | |
| [AL] [IL] [MT] [RI] Full Name (I | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] rst, if indiv | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Business or I | Residence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | <u> </u> | | | | |
| Name of Ass | ociated Bro | ker or Deal | er | | | | | | | | | | | |
| States in Wh | ich Person I | isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | | | | <u></u> |
| (Check "All | | | | | | | ************* | | | | All States | | | |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |

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| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | S | S |
| | Other (Specify) Shares | \$ 1,000,000,000 | \$ 40,000,000 |
| | Total | \$ 1,000,000,000 | \$ 40,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1 | \$ 40,000,000 |
| | Non-accredited Investors | | s |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dellar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | S |
| | Rule 504 | | s |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | s |
| | Printing and Engraving Costs | | S |
| | Legal Fees | ⋈ | S 22,000 |
| | Accounting Fees | | S |
| | Engineering Fees | | S |
| | Sales Commissions (specify finders' fees separately) | | S |
| | Other Expenses (identify) | | \$ |
| | Total | \boxtimes | \$ 22,000 |
| | | | |

| 4. | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|--|--|--|--|
| | issuer." | | \$ 999,978,000 | | | | | |
| 5. | 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above. | | | | | | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To Others | | | | |
| | Salaries and fees | | <u> </u> | □ s | | | | |
| | Purchase of real estate | | s | □ s | | | | |
| | Purchase, rental or leasing and installation of mach | ninery and equipment | s | □ s | | | | |
| | Construction or leasing of plant buildings and facil | lities | <u>s</u> | □s | | | | |
| | Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger) | □ \$ | □ s | | | | | |
| | Repayment of indebtedness | | s | □ \$ | | | | |
| | Working capital | | \$ | □ \$ | | | | |
| | Other (specify): Investments in securities and ex | <u> </u> | ⊠ \$ 999,978,000 | | | | | |
| | Column Totals | | s | ☑ \$ 999,978,000 | | | | |
| | Total Payments Listed (column totals added) | | | | | | | |
| | | D. FEDERAL SIGNATURE | | | | | | |
| an ui | | e undersigned duly authorized person. If this notice is f ties and Exchange Commission, upon written request o Rule 502. | | | | | | |
| Issuer (Print or Type) Western Asset Global Alpha Opportunities Master Fund, Ltd. Signature Jones G. Hayes 3-9-09 | | | | | | | | |
| | ne of Signer (Print or Type) nes G. Hayes | The of Signer (Print or Type) Director | | | | | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

